

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017901

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

10

Primary Registration District No.

5037

Registrar's No.

118

STATE FILE NUMBER

FILED MAY 29 1962

1. PLACE OF DEATH

a. COUNTY Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mexico

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Coldwell Nursing Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Audrain

c. CITY OR TOWN Vandalia

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
514 W. Park

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Charles

Middle Marion

Last Cassell

4. DATE OF DEATH May 16, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-21-1882

9. AGE (last birthday) 79

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR.
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Motor Man

10b. KIND OF BUSINESS OR INDUSTRY
Harbison-Walker

11. BIRTHPLACE (City and state or country)
Centralia, Mo.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

James Cassell

13b. MOTHER'S MAIDEN NAME

Susan Dickerson

14. NAME OF HUSBAND OR WIFE

Pearley Cassell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Pearley Cassell, Vandalia, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH
10 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June, 1959 to May, 1962 and last saw her alive on 3/10/62
Death occurred at J P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ernest T. Gault MD

22b. ADDRESS

Mexico, Mo

22c. DATE SIGNED

5-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
5-19-62

23c. NAME OF CEMETERY OR CREMATORY
Centralia Cemetery

23d. LOCATION (City, town, or county)
Centralia, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

William B. Waters, Vandalia, Mo

25. DATE RECD. BY LOCAL REG.

May 19-1962

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR

TYPEWRITER RIBBON
8 P. H. T. M. D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

2040

2041

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 86-0

13 2-0

7961 ST NOR SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Blumenthal

Licensed Embalmer No. 4196
P. O. Address Wadsworth, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.